Abstract:
Arteriovenous (AV) fistulae, pseudoaneurysms, and lacerations may occur during lumbar disc surgery. AV fistula after lumbar disc surgery is rare. Early diagnosis and treatment of vascular complications associated with disc surgery is essential due to their high mortality and morbidity rates. We report a case of young male patient underwent L4-L5 Lumbar Laminectomy 2 months back presented us with tachycardia, dilated veins over abdomen, leg swelling and dyspnoea on exertion for 2 months. He was found to have a fistulous communication between right common iliac artery common iliac vein which was surgically disconnected and common iliac artery was repaired with interposition PTFE graft. Patient relieved of all symptoms with out any postoperative complication.

Keyword: Arteriovenous fistulae, Vascular Complications, Lumbar disc surgery

A Case Report of Right Common Iliac Artery To Right Common Iliac Vein Arteriovenous Fistula Following Lumbar Spine Laminectomy

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**Investigations:**
Chest X ray- massive Cardiomegaly, ECHO – Normal LV Function, Renal Function – Normal, CT Angiogram - AV fistula communicating between the Right common iliac artery & RT Common Iliac vein, with dilated IVC.

**Procedure:**
Surgical Disconnection Of Fistula with Right Common Iliac Artery repair by Interposition 8mm PTFE Graft Through Midline Laparotomy Infrarenal aorta and IVC control taken, Right Common Iliac artery and vein control was taken proximal and distal to the fistulous tract. Fistulous sac was clamped, sac was cut and disconnected from Common Iliac artery and it was sutured with 5-0 prolene. About 2 inches of the diseased right Common Iliac artery was excised, and 8 mm PTFE graft was used as interposition graft between the two cut ends of right Common Iliac artery. Post operatively, patient was relieved of congestive heart failure and the limb swelling reduced. Follow up after 2 months, patient is asymptomatic.

**Conclusion:**
Early recognition and timely intervention of vascular injury during lumbar disc surgery prevents morbidity and mortality due to delayed complication. Though covered stent almost replaced open surgical closure of fistula, skilled open surgery still has a major role to play in situation where the endovascular options are not feasible.

**References:**


Fistulous site clamped

IVC control Aorta Control Iliac vessels

Closure of fistulous sac
Post Operative